

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044635

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 380

Primary Registration District No. 3099

Registrar's No. 507

STATE FILE NUMBER

FILED DEC 5 1963

## 1. PLACE OF DEATH

a. COUNTY

LINN

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN MARCELINE

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

LINN

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 430 W. RITCHIE

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
430 W. RITCHIE

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First Middle Last  
JESS CHARLES GARRETT

## 4. DATE OF DEATH

Month Day Year  
11 - 29 - 1963

## 5. SEX

MALE

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6-20-1876

## 9. AGE (last birthday)

67

## IF UNDER 1 YEAR

Months Days  
5 9

## IF UNDER 24 HR

Hours Min.  
5 9

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

## 10b. KIND OF BUSINESS OR INDUSTRY

FARM

## 11. BIRTHPLACE (City and state or country)

UNKNOWN

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

CHAS. GARRETT

## 13b. MOTHER'S MAIDEN NAME

OLLIE DELL HARRISON

## 14. NAME OF HUSBAND OR WIFE

NONE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) UNKNOWN

## 16. SOCIAL SECURITY NO.

UNKNOWN

## 17. INFORMANT

RUTH NIXON

## Address

BROOKFIELD MO.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Third degree Burns & Suffocation

#### INTERVAL BETWEEN ONSET AND DEATH

Immed.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

Burned in fire at home.

## 20c. TIME OF INJURY

Hour Month, Day, Year  
p.m. 11-29-63

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.)

HOME

## 20f. CITY, TOWN, OR LOCATION

MARCELINE

## COUNTY

LINN

## STATE

MO.

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at APPROX 1100 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

MR. HIGER

## (Degree or title)

Coroner

## 22b. ADDRESS

Madisonville MO

## 22c. DATE SIGNED

11/30/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

11-30-1963

## 23c. NAME OF CEMETERY OR CREMATORY

MT. OLIVE CEM.

## 23d. LOCATION (City, town, or county)

MARCELINE

## (State)

MO.

## 24. FUNERAL DIRECTOR

MILLER-Tillotson

## ADDRESS

MO MARCELINE

## 25. DATE RECD. BY LOCAL REG.

11-30-63

## 26. REGISTRAR'S SIGNATURE

Carrie Watson

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Lilburn K. Tillatson*

Licensed Embalmer No. \_\_\_\_\_

*4508*

P. O. Address \_\_\_\_\_

*Mareline*  
*Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.